

Klickitat County Building Department

228 W Main St., MS-CH-20

Goldendale, WA 98620

Phone (509) 773-3706 or (800) 583-8078 Fax (509) 773-2480

Email: buildingdept@klickitatcounty.org

INSTRUCTIONS:

1. Print in INK or type this application form and return it.
2. Fill out all requested information applicable to your project.
3. Include two sets of plans, engineering calculations, diagrams, truss package and any other pertinent information, as applicable to your project.
4. Do not start construction until permit is issued.

PERMIT # _____
Ground Snow Load _____

APPLICATION FOR PERMIT

P 1. APPLICANT _____ PHONE _____

E 2. MAILING ADDRESS _____ EMAIL _____

R CITY _____ STATE _____ ZIP _____

S 3. RELATIONSHIP TO PROPERTY OWNER? SAME CONTRACTOR AGENT OTHER, EXPLAIN _____

O 4. PROPERTY OWNER _____ PHONE _____

N 5. OWNER'S ADDRESS _____ EMAIL _____

A CITY _____ STATE _____ ZIP _____

L 6. CONTRACTOR OR SELF _____ PHONE _____
WASHINGTON LICENSE # _____ EMAIL _____

7. MOBILE HOME INSTALLER OR SELF _____ PHONE _____
WASHINGTON LICENSE # _____ EMAIL _____

P 1. TAX PARCEL NUMBER _____

R 2. IS THIS PARCEL PART OF A RECORDED SUBDIVISION OR SHORT PLAT? YES NO

O 3. IF YES GIVE LOT # _____ BLOCK # _____ SUBDIVISION NAME _____

P 4. SITE ADDRESS _____ LOT SIZE _____ SQ.FT. OR _____ ACRES

E 5. PURCHASED FROM _____ WHEN _____

R 6. WHAT IS THE CURRENT USE OF THIS PROPERTY _____

T 7. IS THIS PROPERTY FLAT? YES NO IF NO, HOW MUCH SLOPE IS THERE? _____

Y 8. DESCRIBE ALL EXISTING BUILDINGS & STRUCTURES ON THIS PARCEL _____

9. GIVE SPECIFIC DIRECTIONS TO PROJECT BY ROADS _____

FOR OFFICE USE ONLY

DEPARTMENT REVIEW	DATE ROUTED	DATE RECEIVED	DATE RE-ROUTED	RESPONSE RECEIVED
HEALTH DEPARTMENT				
ROAD DEPARTMENT				
PLANNING DEPT				
PLAN REVIEW				
DEPT OF L & I				
INSTALLATION INST.				

❖ If your property is located in the National Scenic Area, the Columbia River Gorge Commission requires you to comply with all National Scenic Area regulations. They can be contacted at (509) 493-3323

- T 1. TYPE OF WORK: NEW CONSTRUCTION ALTERATION REPAIR DEMOLITION USE CHANGE
- Y MOBILE HOME COMMERCIAL COACH CONTAINER MECHANICAL PLUMBING
- P 2. CATEGORY OF WORK: PRIMARY RESIDENCE ACCESSORY DWELLING UNIT GARAGE AGRICULTURAL
- E COMMERCIAL I502 RELATED? YES NO (CIRCLE ONE) OTHER _____

- P 1. DESCRIBE PROJECT & SPECIFIC USE OF STRUCTURE _____
- R _____
- O 2. PROJECT WITHIN 200' OF A RIVER, LAKE OR STREAM OR 300' OF A WETLAND? YES NO IF SO, NAME _____
- J 3. PROJECT LOCATED WITHIN 200' OF A PUBLIC SEWER LINE? YES NO
- E 4. WATER SOURCE CITY WELL WATER ASSOCIATION, if so, _____
- C 5. SEWAGE DISPOSAL METHOD CITY SEWER SEPTIC (if so, Date Installed) _____
- T 6. HEAT SOURCE ELECTRIC NATURAL GAS PROPANE - TANK SIZE # _____ GALLONS # OF GAS OUTLETS _____
- DUCTED SYSTEM ALL DUCT WORK IN HEATED SPACE? YES NO
7. DETAILS: # SQ. FT. _____ # OF BEDROOMS _____ VALUATION OF PROJECT (not cost but value) _____

MOBILE/MANUFACTURED HOME PLACEMENTS

- M 1. IS THIS MANUFACTURED HOME TO BE AN ACCESSORY DWELLING UNIT? YES NO
- B 2. ORIGIN OF HOME _____ SIZE: SW DW TW QUAD (CIRCLE ONE)
- H 3. MAKE _____ MODEL _____ YEAR _____ DIMENSIONS _____
- M 4. FOOTING CONCRETE RUNNERS CONCRETE BLOCK PIT SET OTHER _____
5. SKIRTING CONCRETE BLOCK CONCRETE METAL WOOD OTHER
6. HAS HOME BEEN PLACED PREVIOUSLY? ___ YES ___ NO SERIAL # _____

CONTAINER PLACEMENT

- C 1. LENGTH _____ WIDTH _____ HEIGHT _____ WEIGHT _____
- O 2. HAS CONTAINER BEEN ALTERED? YES NO IF YES, DESCRIBE ALTERATION _____
- N _____
- T 3. PROPOSED USE: _____

This information is a true and correct representation of the project to the best of my ability. The Building Official may, in writing, suspend or revoke a permit whenever the permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of applicable codes.

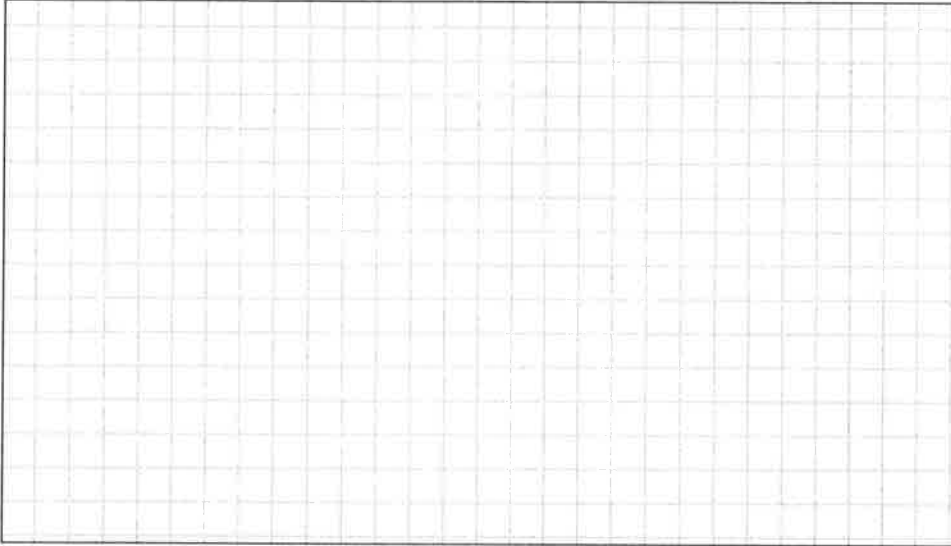
SIGNATURE OF APPLICANT _____ DATE _____

KLICKITAT COUNTY BUILDING DEPARTMENT

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Vicinity Sketch (Show how to find your property)

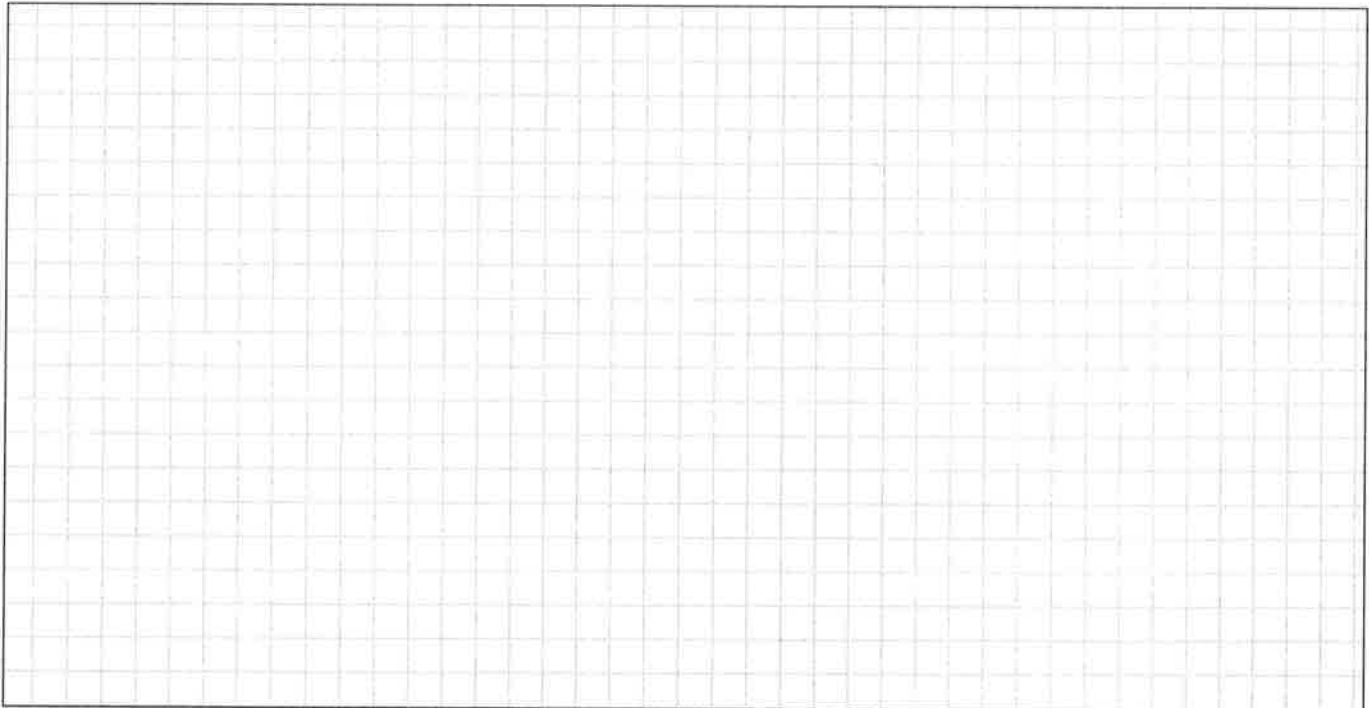
PERMIT NO. _____



INDICATE ON LOWER GRID

- ___ 1. ALL buildings, sizes and locations
- ___ 2. Driveway
- ___ 3. Water systems and pipes
- ___ 4. Domestic drinking water supplies within 200 ft. of building site (springs, etc.)
- ___ 5. Bodies of water within 200 ft. of building site (including seasonal)
- ___ 6. Property size, property lines
- ___ 7. Distance of building from all property lines and other buildings
- ___ 8. Adjacent roads (including names)
- ___ 9. Indicate which way is North
- ___ 10. Show all legal easements, rights of way, designated high water marks

Site Plan (Show how you plan to use this property)



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Signed: _____ Date: _____